

STATEMENT OF TRAINING AND EXPERIENCE
Application For Use of Sealed Sources in Radiography

This form should be used only by persons who wish to perform radiography under a "Limited Radiography License" as described in Section 3 of Applicant's Guide—Industrial Radiography, form RH 2051 R.

Instructions: 1. Use separate form for each individual. 2. Additional pages may be attached. 3. Submit all material in duplicate to the Radiologic Health Branch at the address shown above. 4. See Applicant's Guide—Industrial Radiography, Appendix A, Section 3 for additional information.

1. a. Name of proposed radiographer _____

b. To be included on license number _____ in name of _____

2. Experience:

List experience as a (1) Radiographer or (2) Radiographer's Assistant

a. Dates: From _____ to _____

Position Held: (1) _____ (2) _____

Type of Equipment Used:
(Make & Model No.)

Type and Amount of Activity:
(Isotope and Curies)

Employer: _____ Address: _____

License number (Agreement State or U.S. NRC) _____

b. Dates: From _____ to _____

Position Held: (1) _____ (2) _____

Type of Equipment Used:
(Make & Model No.)

Type and Amount of Activity:
(Isotope and Curies)

Employer: _____ Address: _____

License number (Agreement State or U.S. NRC) _____

c. Dates: From _____ to _____

Position Held: (1) _____ (2) _____

Type of Equipment Used:
(Make & Model No.)

Type and Amount of Activity:
(Isotope and Curies)

Employer: _____ Address: _____

License number (Agreement State or U.S. NRC) _____

d. Dates: From _____ to _____

Position Held: (1) _____ (2) _____

Type of Equipment Used:
(Make & Model No.)

Type and Amount of Activity:
(Isotope and Curies)

Employer: _____ Address: _____

License number (Agreement State or U.S. NRC) _____

3. Training

a. High School Graduate: ☐ Yes ☐ No

b. College or University: Name and location _____

Years completed _____ Degree _____ Course of study _____

c. Training specific to use of sealed sources in industrial radiography (name instructor and/or school and specify dates):

d. _____ determined compliance with 17 CAC 30333(a) [10 CFR 34.31]

Name
for the person named above by _____
(Briefly describe test, on the job evaluation, etc. Written test copy may be attached.)

4. CERTIFICATE

The proposed radiographer and any official executing this certificate on behalf of the licensee named in Item 1.b., certify that all information contained herein, including any supplements attached hereto, is true and correct.

Proposed Radiographer Named in Item 1.a. _____ Date _____

Radiation Safety Officer _____ Date _____